

EXHIBIT - 17

RECEIVED

05/15/06

20060269

MONTGOMERY COUNTY DETENTION FACILITY

GRIEVANCE OR APPEAL OF DECISION

Date:

5-13-06

Cellblock:

2A

Name:

DAVID COOPER

Booking No.

7443

Date/Time of Alleged Incident:

5-13-06 Afternoon nurse did not bring my prostate medication.

THE FOLLOWING INFORMATION SHOULD BE INCLUDED:

1. Description or Summary of the Complaint
2. Name of Individual(s) Involved
3. Signature of Inmate

on 5-13-06 the afternoon nurse didn't bring my prostate medication and as the Doctor is aware of the suffering I previous when through regarding Pain from not receiving enough prostate medication I can't afford to miss my medication due to any nurse error also what is happening regarding the heart surgery and prostate surgery which I need, I haven't had any response from my last visit with the Doctor regarding the results after he receive the Doctor information from Baptist Hospital. the afternoon shift is the second shift. This nurse is also denying me medical treatment by not giving me my prostate medication in night and it is the second ~~this~~ shift this happen on.

David Cooper

Signature of Inmate

PLACE THIS FORM IN INMATE HANDMAIL BOX FOR PICK-UP

Revised 06/11/04